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ABSTRACT

Child abuse is a major problem in the United States. Policy concerning child abuse involves a criminal justice approach, a treatment approach, and a prevention approach. Prevention programs have focused on identifying and serving high-risk groups and on preventive education. A study was conducted to examine issues related to child abuse. Four groups of women were studied. Women (N=10) in group 1 had been court-ordered to counseling for child abuse, or endangerment, and were referred to a women's counseling group. Group 2 women (N=14), also court-ordered to counseling, were referred to a parenting class. Group 3 women (N=11) were voluntary clients in individual counseling. Group 4 women (N=12) received no counseling and served as a control group. All subjects completed a questionnaire designed to provide a profile of the subjects. Three findings are of particular interest: (1) on questions concerning abuse, there appeared to be a consistent pattern of statistical significance for the women's counseling group, followed in order by the voluntary group, the parenting group, and the control group; (2) some data of clear significance about teenage mothers appeared evident, supporting literature on the negative long-term effects of teenage pregnancy; and (3) the findings support the general literature concerning indicators regarding child abuse. The findings also support the need for prevention programs to prevent long-term and intergenerational effects of abuse and the use of intensive group counseling as a treatment approach. A 46-item reference list is appended. (NB)

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WOMEN AS CHILD ABUSERS: INDICATORS, TREATMENT, AND POLICY DIRECTIONS

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Introduction

Child abuse is presently recognized as a major problem in the United States. Child abuse is defined as any act that endangers or impairs a child's physical or emotional health and development. This includes physical abuse, emotional abuse, physical neglect, inadequate supervision, and sexual abuse. In the 1960s, state laws were passed requiring public agencies to report suspected cases of child abuse and neglect. In 1974, the Federal Child Abuse Prevention and Treatment Act was passed. It created a National Center on Child Abuse and Neglect to support state and local efforts for prevention and treatment.

The term "The Battered Child Syndrome" was first coined by Henry Kempe in an article published in 1962 in which he used the term to characterize a clinical condition in young children who had received serious physical abuse, commonly from a parent (Kempe, Silverman, Steele, Dropmuller, and Silver, 1962). John Caffey as early as 1957 wrote about parental abuse as a possible explanation for epiphysial separations and long bone fractures (Inglis, 1978). Intrafamily violence may be traced to the beginning of mankind through archelogical and historical evidence of ritual child sacrifice and other kinds of infantcide.

Child abuse is a crime which is highly underreported. The U.S. Depatment of Health and Human Services estimates that one to two percent of children annually are involved in child abuse or neglect (Krug and Davis, 1981). One research study with 1,146 families concluded that approximately 14 of every 100 children between the ages of three and seventeen experience an average of 10.5 episodes of violence per year (Straus, 1979). The National Center on Child Abuse and Neglect reported 331,500 children were maltreated in fiscal 1982.

Policy concerning child abuse can be viewed as involving three approaches: a criminal justice approach, a treatment approach, and a prevention approach. The criminal justice approach has involved the arrest of perpetrators which is sometimes followed by criminal court proceedings resulting in incarceration. Under this approach the victims are often removed by the court from the home. Sometimes this approach is linked to treatment by placing various requirements on the parent(s) for return of the child to the home. In fact, a case can be made for connecting the criminal justice and treatment approaches. A 1980 study in Florida showed a much higher completion rate of a child management program by persons who were court ordered than by persons who were voluntary. Only 13% of voluntary persons successfully completed the program, compared to 68% of court ordered persons. The withdrawal rate for court ordered persons was only 12% (Wolfe, Agragona, Kaufman, and Sandler, 1980).

The treatment approach has involved psychotherapy, including an educational approach, which has focused on a social learning model which predicts that improvement in parents' child-management skills may result in less coercive child rearing methods and fewer child-behavior problems in the home. Those who have researched the effects of training child abusers in child management and anger control skills conclude that abusive parents who receive training in child management skills interact in a more constructive manner with their children (Crozier and Katz, 1979; Denicola and Sandler, 1980; and Sandler, Decar, and Milhoan, 1978). Recent findings indicate that improvements in child management skills are related to favorable changes in family functioning, resulting in a lower number of child rearing problems (Wolf, Sandler, and Kaufman, 1981).

Psychotherapy has included individual therapy for parents and children, group therapy, and family therapy. Living-in arrangements involving therapy in the home has been used both to parent and support the child abuser and replace the experience he/she lacked as a child and to improve family interaction (Lee, 1985; Kinney and Marpola, 1985). Group therapy for abusive parents has been used to provide an immediate support system that reduces isolation (Kalperin, 1979). Mary Otto suggests that the support system in the group model provides parents with distraction from themselves and their problems, someone to talk to who is similar to them and who will understand them, a reference point for understanding themselves and recognizing their ability to change their behavior, and a peer group that supports a reduction in violent behavior (Otto, 1984). Ellen Herrenkol feels a group therapy program allows members an opportunity to discover the value of social support and provides an experience of being respected as a valuable person which encourages the growth of self-esteem. It alleviates guilt associated with being labeled as a child abuser, and aids in helping parents to view the child as a separate person with their own needs. The group maximizes hope, serves as a surrogate for parental love and acceptance, and channels anger into verbal rather than motor expression (Herrenkohl, 1978). Short term groups have also been followed by long term in-home consultation and parents' aides to assure successful family change (Ambrose, Hazard, and Haworth, 1980; Lee, 1985).

The prevention approach has focused attention on indicators and characteristics which would identify potential child abusers. Both the personality problems in abusing parents and situational factors which are conducive to abusive behavior, such as the pressures of a poverty level existence, have been explored.

In a nationwide survey, mothers were identified as the perpetrators of physical abuse in 47.5% of the cases, (Gil, 1970). A review of studies of abusive parents published between 1976 and 1980 showed twenty-eight studies (42%) conducted research only with mothers and that those studies tended to use outpatient treatment populations and small samples (20 or fewer cases). No clear picture of male/female differences was found in the literature (Martin, 1984).

Many factors have been indicated as playing a role in child abuse. The personality of the child abuser has been described as immature and passive (Egeland, 1979 and Blumberg, 1979), depressive with poor self-image (Altemier, 1984; Blumberg 1976; Gray 1979; Melnick, 1969; Parke, 1975), and impulsive (Kempe and Silverman, 1962). Persons with major mental illness or who have been institutionalized (Egland, 1979 and Taitz, 1980) and persons involved in substance abuse (Blumberg, 1977) have been indicated to be of higher risk. The child abusers may have been victims of abuse (Blumberg, 1977; Egeland, 1979; Fontana, 1973; Gray, 1979; Kempe, 1962; Parke, 1975; Steele, 1976; and Taitz, 1980), lacking in good parental models, having had an unsettled childhood (Altemeier, 1984; Blumberg, 1977; Kempe, 1962; Lauer, 1974; Martin, 1976; Parke, 1975; Spinetta, 1972; Steele, 1970; Taitz, 1980), they may have unrealistic expectations for their children's behavior and development (Blumberg, 1979; Egeland, 1979; Friedman 1981; Gray, 1979; Steele and Pollock, 1968), and be coercive and punitive in parenting practices (Clark, 1976). They may have even had another child removed from the home (Altemier, 1984). They may be isolated from the community and have little support from family or friends (Egeland, 1979; Garbarino, 1980; Gray, 1979; Halperin, 1979; Heller and Kempe, 1976; Starr, 1982; Taitz, 1980; Young, 1964). Their environment may include marital or partner conflict or violence (Egeland, 1979; Friedman,

1981; Oates, 1979; Straus, 1980; Taitz, 1980), a low socioeconomic level or poverty situations (Egeland, 1979; Ingles, 1978; and Strauss, 1980), and other high life stress factors such as frequent moves, unemployment, crowding, large families, a new infant, and two or more children below the age of five (Altemeier, 1984; Conger 1979; Gil, 1970; Gray, 1979; Lauren, 1974; Parke, 1975; Shapiro, 1979; Strauss, 1980; Taitz 1980). Child abuse may also be associated with unplanned or unwanted pregnancies (Altemier, 1984; Egeland, 1979; Ingles, 1978; Gray, 1979; Smith, 1974; Solomon, 1973; Taitz, 1980), low birthweight or premature infants (Benedict, 1985; Ingles, 1978), absent, irregular, or late prenatal and antenatal care (Benedict, 1985; Egeland, 1979), more than five pregnancies (Taitz, 1980), teenage mothers (Egeland, 1979; Taitz 1980), and unmarried mothers (Taitz, 1980).

Prevention programs have focused on identifying and serving high risk groups and on preventive education. Education has included educating school children on how to protect themselves from abuse and how to seek help; educating medical personnel, teachers, and others with high contact with children on identification and reporting of abuse; and programs to improve parental skills and awareness in the general population.

Method

Subjects

The subjects were clients of a non-profit family crisis counseling center, a low income family medical clinic, and a recreation district serving a low income area of Bakersfield, California. The subjects were divided into four groups. The subjects in the first three groups were clients of the counseling center. Groups one and two consisted of women who had been court

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ordered to counseling for child abuse, neglect, or endangerment. Physical abuse consisted usually of physical punishment of a child, resulting in marks left on the child. Child neglect generally involved leaving children unattended, improperly supervised, or without adequate food or housing. Child endangerment usually involved failure to protect the child from an abusive spouse or boyfriend. Women in groups one or two were all seen by individual therapists for an intake session, and were then referred for additional counseling. The ten women in group one were all referred to a women's counseling group. At the time of the research, they had been in group counseling for a period of from two to eighteen months. They had all also attended a parenting class or at the time of the research were in a parenting class. Although each woman was assigned to an individual counselor, they had attended few individual counseling sessions as this was discouraged to prevent conflict between individual and group therapy. The fourteen women in group two were all referred to a parenting class. At the time of the research, they had been in the parenting class for seven of ten required two-hour classes. Although they also had an assigned counselor, most of them had only seen the counselor in the intake session. The eleven women in group three were all voluntary clients who had come to the counseling center for reasons concerning family stress involving problems with their children. These women were all being seen in individual counseling involving themselves and in some cases, members of their families. They had been in counseling from one month to two years. Group four consisted of twelve women who were clients of a low income medical clinic or a recreation district serving a low income area. This group was matched as closely as possible to the clients of the counseling center. This control group was not known to be receiving counseling services.

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Procedures

A written questionnaire was developed involving questions which were to provide a profile of the subjects, such as age, income, and education and questions which were believed to have some possible association with child abuse, such as age at first pregnancy, abuse of themselves as children, spousal abuse, etc. Two preliminary questionnaires were pre-tested on clients of the counseling center prior to development of the third questionnaire, which was used in the research. The questionnaire was refined in order to make the questions understandable to a population containing many persons with a limited education. The final 40 question questionnaire was administered as an unassisted written questionnaire to all four groups.

At the counseling center, clients were asked to voluntarily fill out the questionnaire. They were assured anonymity, and no identification was placed on the questionnaires. They were asked to leave the questionnaire in a large envelope on the desk of the receptionist. Similar procedures were followed at the medical clinic and recreational district.

Although it was recognized that comprehension of the questionnaire would be improved by reading it to respondents, this method was rejected because of sensitive questions regarding child abuse which might have required the administrators of the questionnaires to report child abuse to authorities.

Treatment

The Women's Counseling Group began in the spring of 1983, with approximately eight women. The group over time varied in size from six to twenty two members and at one time was divided into two groups for several months. The members of the group were overwhelmingly court ordered. Only one member of the group who came as a voluntary client remained long-term in group. She had serious problems with a son and many of the same characteristics as the court-ordered people.

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The group was maintained as open-ended. Approximately sixty women were seen in group over a two-year period. Length of participation varied, although most members who successfully terminated did so after about eighteen months. The group met once a week for one and a half hours with one or two professional counselors as facilitators.

The main commonality of the women in the group was low self-esteem. Other predominant characteristics were a history of associating with abusive men, substance abuse (alcohol and drugs), enmeshed families of origin, isolation, low education and literacy skills, low employment skills, teenage pregnancies, and childhood abuse or molestation. The women were generally low income and ages ranged from late teens to early 40's.

The group treatment approach was chosen as a preferred therapy to address the isolation and low esteem of the women and as a more cost effective utilization of a small counseling staff. The group served as a support group as well as a therapy group. As the women came to know each other, they formed relationships involving giving each other rides, inviting each other to dinner, offering to go to sessions with case workers or the court with each other, and providing advice to each other on babysitting, medical care, and resources for food and children's clothing. Friendships developed slowly. Not until approximately six months of weekly meetings did the first friendships form. Many women could be in group six months to a year without being able to identify most members by name. Although the participants did not know each other's names, they did not seem reluctant to go into detail about their personal lives: why they lost custody of their children, jail time they had served, or relationships with men or their families.

The level of disclosure varied greatly. Some of the women would disclose a great deal, while others were reticent. The level of disclosure did not

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always correlate with insight into their behavior. Some of the more verbal women had little insight as to why they behaved as they did. Good verbal skills also did not always correlate with insight. In giving brief IQ tests (WRAT and Peabody Picture Vocabulary) which have positive correlations with the WAIS, the IQ range (by WAIS terminology) varied between the low 50's and 117; the range being three standard deviations below average to more than one above.

The group dealt with counseling issues involving parenting practices, relationship issues, stress management, and goal setting. The group also was used for educational purposes and occasionally guest speakers attended, covering subjects such as cardiopulmonary resuscitation for children, job interviewing, nutrition, birth control, and how to talk to children about sex. The Re-entry Center of the local community college was also visited each year, and a half a dozen women did enroll in college with positive results.

Prior to court appearances role plays were practiced with women and the group challenged them with questions that the judge might ask. Clients were told by the counselors what their recommendations would be concerning returns, and were frequently told attendance and participation alone would not mean a positive evaluation. Proof of change in their life situation and a positive attitude would play an important role. Increasingly the group took over the role of pointing out lack of progress or poor attitudes to members and applied peer pressure for change.

The parenting classes were held on a regular basis for court ordered parents. Classes had approximately 15 to 20 members. Ten two-hour sessions were provided with parents required to attend a minimum of eight sessions to receive a recommendation. Pre- and Post-tests of the material covered were administered. Sessions were held either once a week for ten weeks or twice a week for five weeks.

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The vast majority of the class members were court ordered; however, spouses or boy/girlfriends of a court ordered person were allowed to attend with them. The classes were co-educational and many classes were held in the evenings to encourage males to attend, but generally the classes were two-thirds to 90% female. Fewer men entered the intake process, and those who did often did not appear for the classes or dropped out. Classes were offered without charge and many class members were low income and with limited educations. Overall, there was a wider age range in the classes than in the women's counseling group.

The course material was standardized with subjects taught such as discipline v. punishment, "I" statements, and reflective listening. One session involved guest speakers on birth control and how to speak to your children about sex and sexual molestation.

After completion of the parenting classes, the instructor would write a recommendation to the client's counselor, and the counselor would meet with the client to discuss class results and make further recommendations.

Findings

The research sample matched the race and ethnic profile of Kern County, California. Other findings concerning the profile of the four research groups were: the court ordered groups had significantly less education and significantly less income; the women's counseling group was younger, followed by the parenting class, the control, and the voluntary group; and the court ordered groups were somewhat less employed.

In response to a series of questions about pregnancy (How many pregnancies have you had?; Was your first pregnancy planned?; etc.) the following significant findings were found: the control group was significantly older at

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the time of the first pregnancy; the women's counseling group had significantly the most unplanned first pregnancies and were somewhat more likely to be unmarried at the time of the first pregnancy; the voluntary group had a significantly higher number of unplanned later pregnancies after the first; there was no significant difference in the number of abortions, miscarriages, still births, or live births; the voluntary and women's counseling groups were slightly more likely to have more children born with mental or physical birth defects; significantly more women in the women's counseling group planned on having more children and significantly fewer of them had ever used birth control or were presently using birth control.

As a whole, subjects with more pregnancies significantly correlated with women being physically abused by their partners. Women who were 15 to 17 years old at the time of their first pregnancy had a large number of children and significantly more children who had physical or mental birth defects. They were also more likely to have disclosed that they had been reported to the authorities for child abuse, child neglect, or child endangerment, and they were more likely to disclose that their partners had abused them.

Subjects whose first pregnancy had been unplanned were also significantly more likely to disclose that they had been reported to the authorities for child abuse, neglect, or endangerment, and to disclose that their partners abused them. They were slightly more likely to disclose that their partners had been reported to the authorities for child abuse, neglect, or endangerment. Those women who were unmarried at the time of their first pregnancy were more likely to disclose that they had partners who abused them and who were reported to authorities for abusing children. They were also more likely to report that they were abused themselves as a child. Those legally married at their first pregnancy were significantly more likely to be planning to have more children, and they were more likely to be using birth control.

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The voluntary group had significantly more children still living at home, while the women's counseling group and parenting class had significantly less children living in the home with more children in foster homes, with relatives, or living on their own.

In response to a series of questions about their own abuse as children, abuse of their children by themselves, abuse of children by their partners, and abuse of them by their partners, there was no significant difference among the groups regarding physical or sexual abuse of the women as minors. However, the women's counseling group reported more physical abuse by a non-relative and the parenting class reported more physical abuse by a relative. The voluntary group reported more sexual abuse by parents and the court ordered groups reported more sexual abuse by relatives other than parents and non-relatives.

Fifteen percent of all of the respondents had been physically abused as a minor child; twenty five percent had been sexually abused. Those physically abused were significantly more likely to have an income of under $999. Both those physically and sexually abused were significantly more likely to be unemployed. Those physically abused significantly correlated to those having 3 to 10 pregnancies. Those sexually abused also had a higher number of pregnancies. Both those who had been physically and sexually abused were significantly more likely to have a first pregnancy at 15 to 17 years of age. The significance was most pronounced for those physically abused. Both those physically abused and sexually abused had significantly more unplanned first pregnancies. Significantly more of those who were physically abused were not legally married at the time of that pregnancy. This was also true somewhat of those sexually abused, but it was not statistically significant. Those physically abused had significantly more first pregnancies ending in an

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abortion. Those reporting themselves as physically abused as a child were significantly more likely to report their children had been reported as abused. There was no significance between being sexually abused as a child and reporting one's children as being abused. There was no significance for either those who reported themselves as being physically or sexually abused as a minor and their reporting themselves as having been reported for child abuse, neglect, or endangerment. There was, however, a fairly significant relationship between having been physically abused and reporting a partner had been reported for child abuse.

The women's counseling group was significantly more likely to disclose that they had been reported to the authorities for child abuse, neglect, or endangerment. The parenting class group was somewhat more likely to admit they had been reported to the authorities. In this case, there was a clear indication of lying or repression as it is known that all those filling out questionnaires in that group were reported to the authorities. The women's counseling group reported significantly more of their children were physically abused. There was no significant difference in the number of children reported as sexually abused. The women's counseling group was significantly more likely to have a partner reported for child abuse, child neglect, child endangerment, or sexual abuse, followed by the voluntary group, parenting class, and last, the control. They were also significantly more likely to have partners who abused them, followed by the voluntary group, parenting class, and last, the control.

Those with less education were more likely to admit to being reported for abuse and to having partners who had been reported for abuse. Those with less income were more likely to report having an abusive partner.

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Discussion

Three findings from the research are of particular interest. First, on questions concerning abuse, there appears to be a consistent pattern of statistical significance for the women's counseling group, followed in order by the voluntary group, the parenting class, and the control group. This order appears on questions concerning whether one's children have been physically or sexually abused, whether one's partner has been reported for abuse, and whether one's partner has abused them. It is known that there is a lie factor or repression by the parenting class group on the question of being reported for child abuse. It may be surmised that this lying or repressing may be carried over to the other questions concerning abuse. Other than age, there is no significant difference between the two court ordered groups. The women's counseling group is younger than the parenting class group. Yet, consistently, the groups are ordered from one to three with the women's counseling group first, the parenting class third, and the voluntary group in the middle. The one remaining difference among these three groups is counseling.

Counseling may explain the ordering of these three groups. Only the women's counseling group and the voluntary group received counseling. This counseling may account for greater acceptance and willingness to admit to being accused of child abuse, and also to admit one's children have been abused, one's partner has been accused, and one's self has been abused. Part of what may be occurring may also be a level of consciousness. Those who have been through counseling may be more aware of what is abuse. If this preliminary finding is accurate, it has significance for treatment in that it indicates that a cognitive, educational parenting class approach may have limita-

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tions when clients refuse to believe what has occurred is abuse, or to accept their role in what has happened. The women's counseling group seems to be highly successful at creating acceptance that one has been accused, and facing the reality of what has happened, including admitting that one's children have been abused. It also appears to raise the level of awareness of what is abuse of children by oneself and one's partner and appears to increase recognition of abuse of self by one's partner.

Secondly, some data of clear significance about teenage mothers appears to be evident. Women who were 15 to 17 years old at the time of their first pregnancy had a large number of children, had more children with birth defects, were more likely to have been abused by their partners, and were more likely to report themselves as having been reported to the authorities for child abuse, neglect, or endangerment. These findings support the literature concerning the negative long-term affects of teenage pregnancy and have policy implications in suggesting a prevention approach in reducing teenage pregnancy might also reduce child abuse.

Thirdly, overall, the findings support the general literature concerning indicators regarding child abuse. Although the findings show no significant difference regarding the groups and their reporting themselves as having been abused as minors, physically or sexually, a substantial percentage of all the respondents had been physically or sexually abused as a minor. For the twenty-five percent who reported themselves as sexually abused as a minor, there were long-term life consequences in the form of unemployment, more pregnancies, and an increased frequency of a first pregnancy being unplanned and between the ages of 15 to 17 years. For the fifteen percent who reported themselves as physically abused as a minor the consequences were even greater in the form of being in the lowest income category, unemployed, having more

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pregnancies, having the first pregnancy unplanned and between the ages of 15 and 17 years, being unmarried at the time of first pregnancy, having more first pregnancies ending in an abortion, having children who were abused, and having a partner reported for child abuse. These findings support the literature concerning the continued long term affects of abuse and its ability to produce negative consequences from generation to generation. This research showed physical abuse as resulting in more negative consequences on the areas examined in this research. Further study involving more elements and larger samples are needed to explore the differences and similarities in long-term effects of physical and sexual abuse.

Finally, the findings support the need for prevention to prevent long-term and inter-generational effects of abuse. The research indicates one focus for prevention should be on prevention of teenage pregnancies. There is also indicated a need to educate the general population concerning long-term consequences of abusive behavior and to raise the level of consciousness of the population to recognize what is abusive behavior toward women and children.

The findings also support intensive group counseling as a treatment approach. The experiences with the women's counseling group indicated this approach was more effective in developing awareness of abusive behavior, acceptance of responsibility for the behavior, and change of the behavior. The research raises serious questions concerning the sufficiency of short-term cognitive educational approaches such as parenting classes. It would appear these may be more effective when combined with more intensive therapy. Experience with the women's counseling group also supports the need for connecting the criminal justice approach to the counseling approach as an effective way to maintain people in treatment.

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